

**Please Type or Print Clearly** 

## STATE OF CALIFORNIA PARAMEDIC LICENSE APPLICATION

## **INITIAL OUT OF STATE APPLICANT**

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SID
NR Number
Exp. Date
Training
40 ALS
Verification
StateCert/Lic
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including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4? YES NO																															
Are there any criminal charges currently pending against you? YES NO (You must answer these questions or your application will be returned.) If yes, attach a detailed statement describing the crime(s), date, location,																															
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of all rights to paramedic licensure in the state of California. verification, and I hereby give my express permission for information related to my role and function as a paramedic in	the EMS Authority to contact any person or agency for
SIGNATURE OF APPLICANT	DATE
PHONE NUMBER: Home ()	Work ()
E-MAIL ADDRESS	

I hereby certify **under penalty of perjury** that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part

## **Out of State Paramedic Challenge Instructions/Requirements**

- ✓ Fill in all requested information on the front and back of this application and sign and date the application in ink. <u>All incomplete applications will be returned.</u>
- ✓ Provide documentation that National Registration is current.
- ✓ Provide documentation of current or prior state paramedic licensure or certification (not mandatory for California State Licensure).
- ✓ Provide a copy of paramedic training program completion record.
- ✓ Provide documentation of training hours that meet California requirements which includes: Didactic 320 hours, Clinical 160 hours, and Field Internship 480 hours which includes 40 Advanced Life Support (ALS) field contacts. If training hours do not meet California requirements, provide evidence that the training program meets or exceeds the U. S. Department of Transportation (DOT) paramedic curriculum.
- ✓ Provide documentation that 40 ALS field contacts were included as part of initial training or you may submit a letter from an employer, training program, or medical director verifying that you have successfully completed 40 ALS field contacts through employment or other training. An ALS contact is the performance of one or more ALS skills, except cardiac monitoring and basic CPR, on a patient.
- ✓ Submit a completed Applicant Fingerprint Card (FD-258) for a state and federal criminal history check to the California Department of Justice (DOJ), or if you are already residing in California you may submit your fingerprints by using a Live Scan agency for submitting your fingerprints for the criminal background check. Both a fingerprint card and a Request for Live Scan Applicant Submission form are enclosed with instructions, please read them carefully.
- ✓ Submit pages 1 and 3 of the enclosed IS-01 form (Statement of Citizenship, Alienage, and Immigration Status) and submit it along with one piece of documentation as described on pages 4-8 of the IS-01 form.
- ✓ Complete the top portion of the *Request for Verification of EMT-Paramedic Status* and send a copy to each state in which you are or were certified/licensed. Please have them complete the bottom portion of the form and return it directly to the Emergency Medical Services Authority at the address on the bottom of the form.

✓	Pay all applicable fees:	Initial Application	\$100
		Licensure	\$125
		State Licensing Match System (SLMS)	<u>\$ 5</u>
		Total	\$230

Individuals who are currently enrolled in a paramedic training program which meets or exceeds U. S. Department of Transportation standards or who are new paramedic training program graduates are not eligible to apply for licensure until they are registered as a paramedic with the National Registry of EMTs.